O 2075

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93)

CERTIFICATE OF DEATH

Reg. Diat. No. 183

1. PLACE OF DEATH:
County Harford
City or town White Hall R.F.D
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town White Hall R.F.D
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Annie Almony

3.(b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single

6.(b) Name of husband or wife —
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 13. 1864

8. AGE: Years	Months	Days	If less than one day
81	4	4	..... hrs. ..... min.

9. Birthplace Harford Co. Md
(Town, county, and state)
10. Usual occupation Dress maker
11. Industry or business
FATHER 12. Name Robert Almony
13. Birthplace Balto. Co. Md
MOTHER 14. Maiden name Ellen Garrett
15. Birthplace Baltimore Cty. Md
16. Informant Miss Rachel Stitchwell
Address White Hall. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 1-1946 (month) (day) (year)
Cemetery or crematory Lyons chapel
Location White Hall. R.F.D
18. Funeral director Howard L. Mackenzie
Address White Hall Md
19. Mar 1st 1946 (Date rec'd by registrar) Thomas R. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1946 at 5 30/A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 13 1946 to Feb. 27 1946 and that I last saw h... alive on Feb. 25 1946

Immediate cause of death	DURATION
Chronic myocarditis	
Due to	
Due to	
Other conditions Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operation
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. M. France M. D. or ~~ethos~~
Address Parkton, Md Date signed 2/27/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

01651

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Bel Air
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, Institution, or street address where death occurred: 211 S. Main St.
How long in hospital or institution? –

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Bel Air
(If ontside city or town limits, write RURAL and give nearest town)
Street No.: 211 S. Main St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Kenneth Charles Blades

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 2, 1944

8. AGE: Years	Months	Days	If less than one day
2	0	0	hrs. min.

9. Birthplace: Bel Air Harford Md.
(Town, county, and state)
10. Usual occupation: –
11. Industry or business: –

FATHER
12. Name: Franklin Charles Blades
13. Birthplace: Williamsport, Pa.

MOTHER
14. Maiden name: Gertrude Turner
15. Birthplace: Providence, R.I.

16. Informant: Mrs. F.C.Blades
Address: Bel Air, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 3/46 (month) (day) (year)
Cemetery or crematory: Mt Zion
Location: Fountain Green
18. Funeral director: Deans & Suter
Address: Bel Air, Md.

19. 2/3 19 46 Priscilla Fawcett
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 2 19 46, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Fred C Hodous, M.D.
Address: Bel Air, Md. Acting Deputy medical Examiner M. D. or other
Date signed: Feb 3 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

01652

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs
Hospital, institution, or street address where death occurred: 154 Bloomsberry St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. 154 Bloomsberry St
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Annie Osterkamp Bonhage

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Frederick N. Bonhage
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 3, 1868

8. AGE: Years	Months	Days	If less than one day
78	1	17	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Retired
11. Industry or business Home Wife

FATHER
12. Name Lawson Osterkamp
13. Birthplace Holland.

MOTHER
14. Maiden name Mary Stenger
15. Birthplace Md.

16. Informant Mrs. Walter L. Jones
Address 154 Bloomsberry St. City.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 23 1946 (month) (day) (year)
Cemetery or crematory Day Branch Meth. Ch. Yd.
Location Harford Co. Md.

18. Funeral director R. Madison Mitchell
Address Havre de Grace, Md.

19. Feb 22 19 46 (Date rec'd by registrar) C. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 19 46 at 6 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 19 46 to Feb 20 19 46 and that I last saw h er alive on Feb 20 19 46

Immediate cause of death	DURATION
Chronic myocarditis	
Due to Cardiac Insufficiency	
Due to Coronary occlusion	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. L. Lewis M.D. M. D. or other
Address Havre de Grace Md. Date signed 2-22-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 460

CERTIFICATE OF DEATH

01653

Reg. Diat. No. 185

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, Institution, or street address where death occurred: Harford Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Harford
City or town: Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Annie Sophie Boyd

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: John Boyd
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Apr. 7, 1858

8. AGE: Years	Months	Days	If less than one day
87	10	26	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: Thomas Sampson
13. Birthplace: Maryland

MOTHER
14. Maiden name: Emma Cypry
15. Birthplace: Maryland

16. Informant: Annie Elliott
Address: Aberdeen, Maryland

17. Burial (Burial, cremation, or removal. What?) Date thereof: Feb 5 1946 (month) (day) (year)
Cemetery or crematory: Grove
Location: Aberdeen Md

18. Funeral director: Henry Tanning Sons
Address: Aberdeen Md

19. Feb 3 1946 (Date rec'd by registrar) A. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 2 1946, at 4:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1945 to Feb 2 1946
and that I last saw h alive on February 2 1946

Immediate cause of death	DURATION
Carcinoma of Sigmoid Rectum	
Due to Bowel Carcinomatosis	
Due to Cachexia.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles J. Foley M.D. M. D. or other
Address: Havre de Grace Md Date signed 2/3/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

Reg. Diat. No. 016182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45 M

1. PLACE OF DEATH:

County Maryland

City or town Fallston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME George Brown

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	

B.(b) Name of husband or wife

B.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19, 1946

8. AGE:

Years	Months	Days	If less than one day
			9 hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name George Brown

13. Birthplace Md.

MOTHER 14. Maiden name Mildred Hankins

15. Birthplace Md.

16. Informant Mr. Geo Brown

Address Fallston Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 20 46 (month) (day) (year)

Cemetery or crematory Jahnnacle A.M.E. Cem

Location Bussom Md.

18. Funeral director Chas E. Goss

Address Bussom Md.

19. 2/20 19 46 Priscilla Fourwood

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1946 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 19, 1946 at 12 P.M. to February 19 1946

and that I last saw him alive on February 19 3 P.M. 1946

Immediate cause of death	DURATION
Pulmonary atelectasis	
Due to Bronchial pneumonia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Benjamin Dorsey M.D. M. D. or other

Address Govans Md. Date signed Feb 21 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170)

01655

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Near Bel Air
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Near Bel Air, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Melvin Roe Brown

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 20 1913

8. AGE: Years: 32 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: West Virginia (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: Moffet Brown
13. Birthplace: W. Va.

MOTHER — 14. Maiden name: Maude Brown
15. Birthplace: W. Va

16. Informant: Grant H Good
Address: Rocks

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 15 46 (month) (day) (year)
Cemetery or crematory: Brownstown
Location: Rerick, W. Va.

18. Funeral director: Dean & Lalor
Address: Bel Air Md

19. 2/12 1946 Priscilla Fonwood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby 11 1946 at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Fracture cervicle vertebra	Instant
Due to	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: ~

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 2/11/46
Where did injury occur? Bel Air (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?): Highway
Means of injury: Auto accident Injured at work? no

23. SIGNATURE: Gerald C Palmer M.D.
Deputy Medical Examiner
Harford County
M. D. or other
Address: Bel Air, Md. Date signed: 2/12/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

01656

Reg. Dist. No. 18 S

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 72 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

Street No. 420 N. Union Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Catherine Agnes Casey

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/18/1873

8. AGE: Years	Months	Days	If less than one day
72	2	7	..... hrs. ..... min.

9. Birthplace Harford Co. Md.

(Town, county, and state)

16. Usual occupation Housekeeper

11. Industry or business —

FATHER — 12. Name John Casey

13. Birthplace Baltimore, Md.

MOTHER — 14. Maiden name Mary Ann Nolan

15. Birthplace Baltimore Md.

16. Informant Miss Mary Elizabeth Casey

Address 420 Union Ave., Havre de Grace

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/28/46 (month) (day) (year)

Cemetery or crematory Mt. Erin

Location Havre de Grace

18. Funeral director Cummings & Son

Address Havre de Grace Md.

19. Feb. 28 1946 (Date rec'd by registrar) C. L. Lewis M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1946 at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 10 1946 to Feb 1946

and that I last saw h.er alive on Feb 25 1946

Immediate cause of death	DURATION
Arteriosclerosis	
Cerebral Hemorrhage	
Due to Hypertension	
Due to Cardiac Failure	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D. M. D. or other

Address Havre de Grace Md. Date signed 2/27/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01657

CERTIFICATE OF DEATH

Reg. Diat. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Rural – Bel Air
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Harford Convalescent Home
How long in hospital or institution? 3 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
Street No. 33 Mt Royal ave.,
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Alverta Donahoo

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25th 1863

8. AGE: Years	Months	Days	If less than one day
82	11		hrs. min.

9. Birthplace Harford Co. Md
(Town, county, and state)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name James L Donahoo
13. Birthplace Harford Co. Md.
MOTHER 14. Maiden name Mary E. Osborn
15. Birthplace Harford Co. Md.
16. Informant Miss Mayfield Walker
Address Havre de Grace, R.F.D. 1
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 16 1946 (month) (day) (year)
Cemetery ~~or crematory~~ Wesleyan Chapel.
Location Near Aberdeen
18. Funeral director Henry Jarrett & Sons
Address Aberdeen Md.
19. 2/14 1946 Priscilla Harwood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DAYE OF DEATH February 13 1946, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 12 1946 to Feb 13 1946 and that I last saw her alive on Feb 12 1946

Immediate cause of death	DURATION
Chr. MYOCARDIAL DISEASE	?
GEN. ARTERIO-SCLEROSIS	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson M. D. or other
Address Forest Hill Md Date signed 2/14/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01658

Reg. Dist. No. 125

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

Street No. 221 S. Washington
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Virginia L. Frieze

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: William P. Frieze (dec.)

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): February 13, 1862

8. AGE: Years	Months	Days	If less than one day
84		14	..... hrs. ..... min.

9. Birthplace: Churchville, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: James Worthington

FATHER — 13. Birthplace: Baltimore, Md.

MOTHER — 14. Maiden name: Rebecca Evans

MOTHER — 15. Birthplace: Churchville, Md.

16. Informant: Mrs. Walter Osborn

Address: 219 S. Washington St., Havre de Grace

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/3/46 (month) (day) (year)

Cemetery or crematory: Angel Hill

Location: Havre de Grace

18. Funeral director: Pennington (Rev.)

Address: Havre de Grace

19. 3-2 (Date rec'd by registrar) 19 46 A. L. Lewis M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 28 19 46 at 5:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 19 46 to Feb 28 19 46

and that I last saw h[illegible] alive on Feb 28 19 46

Immediate cause of death	DURATION
Senility	
Cardiac Asthenia	
Due to Cerebral Hemorrhage	
Due to Influenza	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Charles J. Foley M.D.
M. D. or other

Address: Havre de Grace Date signed 3/2/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

02067

CERTIFICATE OF DEATH

Reg. Diat. No. 185

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Harford Memorial Hospital
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No.: No. Stokes St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Harry Cresswell Hallman

3.(b) Social Security Number: ?

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Laura K. S. Hallman
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 24, 1892

8. AGE: Years 53 | Months 5 | Days 18 | If less than one day: hrs. min.

9. Birthplace: Indiana (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Francis Hardy Hallman
13. Birthplace: Md.

MOTHER
14. Maiden name: Bertha Cresswell
15. Birthplace: Md.

16. Informant: Mr. Harry W. Hallman
Address: 417 Broad St. Kennett Square Pa.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Feb. 13, 1946 (month) (day) (year)
Cemetery or crematory: Hopewell
Location: Cecil Co., Md.

18. Funeral director: T. Madison Mitchell
Address: Havre de Grace, Md.

19. Feb. 11 (Date rec'd by registrar) 1946 C. L. Lewis M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 11 1946 at 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 25 1946, to Feb. 11, 1946
and that I last saw h. in alive on Feb. 10 1946

Immediate cause of death	DURATION
Due to: Pneumonia, lobar, c.o.a.R.	2 wks
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James G. Macaulay M. D.
M. D. or other
Address: 64 Elk St. Havre de Grace, Md. Date signed 2-11-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 954

01659

CERTIFICATE OF DEATH

Reg. Diat. No. 184

1. PLACE OF DEATH
County Harford
City or town Dublin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Dublin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME Sarah Helmick

3.(b) Social Security Number No

4. Sex Female | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1869

8. AGE: Years About 76 | Months | Days | If less than one day hrs. min.

9. Birthplace Ft. Va.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business At Home

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden name Unknown
15. Birthplace

16. Informant Mrs. Gardner Shugart
Address Darlington, Md.

17. Burial (Burial, cremation, removal) Date thereof Feb. 24 1946 (month) (day) (year)
Cemetery or crematory Darlington Cem.
Location Harford Co. Md.

18. Funeral director H. D. Bailey
Address Darlington Md.

19. Feb. 22 1946 M. V. Kirk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1946, at 12:30 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 15 1945 to Feb 22 1946 and that I last saw h.e.r. alive on Feb 21 1946

	DURATION
Immediate cause of death: Chronic Myocarditis	2 yrs
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. L. Snodgrass M. D. or other
Address Darlington Md. Date signed 2/25/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (110-C)

CERTIFICATE OF DEATH

01660

Reg. Dist. No. 182

1. PLACE OF DEATH:

County: Harford

City or town: Watervale, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 47 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Watervale, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Catherine T Hoopes

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: Jesse Hoopes

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Feby 14/1862

8. AGE: Years: 84 | Months: | Days: | If less than one day: ... hrs. ... min.

9. Birthplace: Harford (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER — 12. Name: Joseph Treadwell

FATHER — 13. Birthplace: Md

MOTHER — 14. Maiden name: Ann Mooberry

MOTHER — 15. Birthplace: Md

16. Informant: Paul Treadwell

Address: Bel Air Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 19/46 (month) (day) (year)

Cemetery or crematory: St. Ignatius

Location: Bel Air, Md. (Rural)

18. Funeral director: Degan & Yates

Address: Bel Air md

19. 2/18/1946 (Date rec'd by registrar) Priscilla Forwood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby 15 1946, at 8-10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 10 1946 to Feb. 15 1946 and that I last saw h.. alive on Feb. 15- 1946

Immediate cause of death	DURATION
Broncho-pneumonia & Pleurisy	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: A. F. Van Bibber M. D. or other

Address: Bel Air, Md. Date signed: Feb. 16. 1946

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

2076

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

CERTIFICATE OF DEATH

Reg. Diat. No. 183

1. PLACE OF DEATH:

County: Harford

City or town: Forksville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Harford

City or town: Monroeville, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Joseph G. Hostler

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Mary Hostler

6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Jan 20 1873

8. AGE: Years: 73 | Months: — | Days: 12 | If less than one day: ..... hrs. ..... min.

9. Birthplace: York Co. Pa (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business: Farming

FATHER — 12. Name: Taylor Hostler

FATHER — 13. Birthplace: York Co. Pa

MOTHER — 14. Maiden name: Mary Yost

MOTHER — 15. Birthplace: Lancaster Co. Pa

16. Informant: John Cullen

Address: Stewartstown Pa

17. Burial (Buriel, cremation, or removal. Which?) Date thereof 2-4-46 (month) (day) (year)

Cemetery or crematory: Methodist Cem.

Location: Fawn Grove Pa

18. Funeral director: W. Howard Hess

Address: Fawn Grove Pa

19. Feb. 2 1946 (Date rec'd by registrar) Thomas R. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 1 1946 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15 1946, to Jan. 31 1946 and that I last saw h/ alive on Jan. 31 1946

	DURATION
Immediate cause of death: Cerebral Thrombosis	6 hrs.
Due to: Arteriosclerosis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Edward H. Hyson M. D. or other

Address: Fawn Grove, Pa. Date signed 2/2/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

01661

Reg. Dist. No.

P.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Joppa

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Harford

City or town: Joppa

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Harford County

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: Annie E. Jessop

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: James M. Jessop

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 30, 1865

8. AGE: Years	Months	Days	If less than one day
80	7	11	hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Housewife - retired

11. Industry or business

FATHER — 12. Name: Gideon J. Jarrett

FATHER — 13. Birthplace: Harford County

MOTHER — 14. Maiden name: Sarah Quigley

MOTHER — 15. Birthplace: Baltimore, Md.

16. Informant: Mary H. Chambers

Address: Harford Road. Joppa Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 14, 1946 (month) (day) (year)

Cemetery or crematory: Mt. Olivet

Location: Baltimore Md

18. Funeral director: Wm. Cook Inc.

Address: 1217 St. Paul St.

19. 2/12/46 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/11/46 19 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1946 to Feb 11 1946

and that I last saw h... alive on Feb 10-1946 19

Immediate cause of death	DURATION
Myocardial Failure	
Due to: Hypertension - Nephritis (Chronic)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: M Hopkins M. D. or other

Address: Bel Air Md Date signed: 2/11/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 151

1. PLACE OF DEATH:

County: Harford

City or town: Aberdeen (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs.

Hospital, institution, or street address where death occurred: 16 E. Rogers St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Harford

City or town: Aberdeen (If outside city or town limits, write RURAL and give nearest town)

Street No. 16 Rogers St. (If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Charles Henry Kriete.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	White	MARRIED

6.(b) Name of husband or wife: Elizabeth Neale Kriete. 6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): September 12, 1870.

8. AGE: Years	Months	Days	If less than one day
75	5	14	...hrs. ...min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Physician

11. Industry or business

FATHER — 12. Name: Eduard William Kriete

FATHER — 13. Birthplace: Germany.

MOTHER — 14. Maiden name: Lucinda Budd.

MOTHER — 15. Birthplace: Maryland.

16. Informant: Dorothy K. Parker

Address: Aberdeen, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch 1st 1946 (month) (day) (year)

Cemetery or crematory: Rodgers

Location: Aberdeen, Md.

18. Funeral director: Henry Tarring & Sons

Address: Aberdeen, Md.

19. Mar 1 1946 (Date rec'd by registrar) Nellie F. Riley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 26 1946, at 11.45 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from: about 1946, to Feb 26 1946

and that I last saw him alive on Feb 26 1946

Immediate cause of death	DURATION
Banti's Syndrome	5 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H K Dulaney MD (M. D. or other)

Address: Aberdeen Md. Date signed: 3/28/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Evidence for addition of age of deceased is shown on FILM No. I 01 MAR 13 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Kalmia
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Level Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: James B Larner

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

B.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feby 13 - 1875

8. AGE: Years	Months	Days	If less than one day
70	11	26	hrs. min.

9. Birthplace: Near Havre de Grace
(Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business
FATHER 12. Name: James B Larner
13. Birthplace: Ireland
MOTHER 14. Maiden name: Adelia Clancy
15. Birthplace: Ireland
16. Informant: Miss Helen Kelly
Address: Bel Air, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feby 11/46 (month) (day) (year)
Cemetery or crematory: St Ignatius
Location: Hickory, Harford Co., Md
18. Funeral director: Dewees & Foard
Address: Bel Air Md
19. 2/10 1946 (Date rec'd by registrar) Birzilla Foard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby 9 1946, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 1946, to Feb 9 1946
and that I last saw h[illegible] alive on Feb 9, 1946 19
Immediate cause of death: Cerebral Hemorrhage — DURATION: 36 hrs.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Willard P. Hudson M. D. or other
Address: Forest Hill Md Date signed: 2/9/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

02068

CERTIFICATE OF DEATH

Reg. Diat. No. 184

1. PLACE OF DEATH: Harford

County

City or town: Dublin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Rural - Street

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Poplar Grove

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: George Franklin Lee

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife: No

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 17, 1946

8. AGE: Years	Months	Days	If less than one day
	1	14	hrs. min.

9. Birthplace: Harford Co., Md

(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER — 12. Name: Ernest W. Lee

FATHER — 13. Birthplace: Harford Co. Md

MOTHER — 14. Maiden name: Anna M. Mullen

MOTHER — 15. Birthplace: Grayson Co., Va.

16. Informant: Ernest W. Lee

Address: Street, Md., R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 28, 1946 (month) (day) (year)

Cemetery or crematory: Clarke Chapel Cem

Location: Harford Co., Md.

18. Funeral director: H. S. Bailey

Address: Darlington, Md.

19. Feb 28 1946 (Date rec'd by registrar) M. A. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 28 1946 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 26 1946, to Feb 28 1946

and that I last saw him alive on Feb 26 1946

Immediate cause of death	DURATION
Bronchio-pneumonia (primary)	3 days.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Willard P. Hudson M. D. or other

Address: Forest Hill Md Date signed 2/28/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8

CERTIFICATE OF DEATH

01664 Reg. Dist. No. 181

1. PLACE OF DEATH:
County: Harford
City or town: Aberdeen Proving Ground, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 23 January 1946.
Hospital, institution, or street address where death occurred:
Station Hospital, Aberdeen Proving Ground, Md.
How long in hospital or institution? Since 9 February 1946.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Ohio County:
City or town: Conneaut
(If outside city or town limits, write RURAL and give nearest town)
Street No. 530 Shackson Street,
(If rural, give LOCATION)
2.(a) If veteran, name war: World War II ✓

3.(a) FULL NAME: Joseph P. Mundi

3.(b) Social Security Number: ASN 15 214 179

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: Single
6.(c) If alive, give age: ——— years

7. Birth date of deceased (mo., day, yr.): February 10, 1928,

8. AGE: Years	Months	Days	If less than one day
18	0	6	——— hrs. ——— min.

9. Birthplace: Conneaut, Ohio
(Town, county, and state)
10. Usual occupation: Soldier
11. Industry or business:

FATHER
12. Name: ———
13. Birthplace: ———

MOTHER
14. Maiden name: Ruby Mundi
15. Birthplace: unknown

16. Informant: Ruby Mundi (mother)
Address: 530 Shackson st., Conneaut, Ohio.

17. Transportation (Burial, cremation, or removal (which?)) Date thereof Feb. 17, 1946 (month) (day) (year)
Cemetery or crematory: Lee Cunningham Funeral Home
Location: Conneaut Ohio
18. Funeral director: Howard K. McCormack
Address: Abingdon Maryland

19. Feb 17 1946 (Date rec'd by registrar) Nellie H. Riley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 16 Feb 46 19 ..., at 0300 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from From 11-10 9 Feb 19 46, to 0300 16 Feb 19 46
and that I last saw him alive on 1110 16 Feb 19 46

Immediate cause of death	DURATION
Scarlet Fever	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: Lobar pneumonia, RUL; local pneumonia, both
PHYSICIAN: Please underline the cause to which death should be charged statistically. Lobar

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Thomas S. Harvey M.D.
M. D. or other
Address: Thomas Harvey M.D. Date signed

I have received the remains of above in good condition

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1601

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12)

CERTIFICATE OF DEATH

★ 01665

Reg. Dist. No. 18 S-

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 days

Hospital, institution, or street address where death occurred:

Harford Memorial Hospital.

How long in hospital or institution? 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford Cecil

City or town Port Deposit

(If outside city or town limits, write RURAL and give nearest town)

Street No. 160 S. Main

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME Irvin Charles Narvell

3.(b) Social Security Number 216-09-6224

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	W	MARRIED

6.(b) Name of husband or wife Amelia Narvell

6.(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 6-11-01

8. AGE: Years	Months	Days	If less than one day
44	8	15	..... hrs. ..... min.

9. Birthplace Port Deposit, Harford, Maryland (Town, county, and state)

10. Usual occupation Rigger

11. Industry or business Shipbuilding

FATHER 12. Name John Lawson Narvell

FATHER 13. Birthplace Cecil Co. Maryland.

MOTHER 14. Maiden name Effie Irvin

MOTHER 15. Birthplace Cecil Co. Maryland

16. Informant Amelia Narvell

Address 160 S. Main St. Port Deposit, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 28, 1946 (month) (day) (year)

Cemetery or crematory Harmony

Location Colora, Md. Rural

18. Funeral director Lee A. Patterson & Son

Address Perryville, Md.

19. Feb-28 1946 (Date rec'd by registrar) C. L. Lewis M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-26 1946, at 12:30 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 17, 1946, to Feb 26 1946 and that I last saw h. alive on Feb 26 1946

Immediate cause of death	DURATION
Fracture 12th Dorsal & 2-3-4 Lumbar Vertebrae	
Due to Fracture left Tibia Fracture 10-11 Rib left	
Due to Paralytic Ileus Shock	
Other conditions Pneumonia	
Accidental Fall, on a ship. Cook R. (Include pregnancy within 3 months of death)	

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M D

M. D. or other

Address Havre de Grace Md Date signed 2/27/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V3-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

01666

Reg. Dist. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Rural - Bel Air
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Harford Convalescent Home
How long in hospital or institution? 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Aberdeen Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 666 E. Bel Air Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: LOTTIE E. OSBORN

3.(b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband ~~or wife~~: Alfred H. Osborn
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): June 24, 1861

8. AGE:

Years	Months	Days	If less than one day
84	7		hrs. min.

9. Birthplace: Aberdeen Harford Co. Md.
(Town, county, and state)
10. Usual occupation: None
11. Industry or business
FATHER
12. Name: Charles H. Jackson
13. Birthplace: Aberdeen Md.
MOTHER
14. Maiden name: Sabilia Numbers
15. Birthplace: Aberdeen Md.
16. Informant: Mrs. Alonzo J. Osborn
Address: 666 E. Bel Air Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 21, 1946 (month) (day) (year)
Cemetery ~~or crematory~~: Bakers
Location: Aberdeen Md.
18. Funeral director: Henry Tarring & Sons
Address: Aberdeen Md.
19. 2/20 19 46 Priscilla Howard
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 18 1946, at 12:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 1946 to Feb 18 1946
and that I last saw h[illegible] alive on Feb 14 1946

Immediate cause of death	DURATION
Chr Myocardial Decease	7
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Willard P. Hudson M. D. or other
Address: Forest Hill Md. Date signed: 2/18/46

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83d)

CERTIFICATE OF DEATH

01667 185

Reg. Diat. No.

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Harford Memorial
How long in hospital or institution? 14 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. 612 S. Washington
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME H. Carryll Osmond

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Margaret Hammond Osmond
6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): July 16-1876

8. AGE: Years	Months	Days	If less than one day
69	6	—	...hrs. ...min.

9. Birthplace: Havre de Grace
(Town, county, and state)
10. Usual occupation: Retired
11. Industry or business: —
FATHER 12. Name: Hennary Osmond
13. Birthplace: Unknown
MOTHER 14. Maiden name: "
15. Birthplace: "
16. Informant: Hospital Records
Address: Havre de Grace
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/18/46 (month) (day) (year)
Cemetery or crematory: Angel Hill
Location: Havre de Grace
18. Funeral director: Pennington & Son
Address: Havre de Grace
19. Feb. 18 1946 (Date rec'd by registrar) C. K. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 16 1946, at 10:25 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan 1946 to Feb 16 1946
and that I last saw h alive on Feb 16 1946

Immediate cause of death	DURATION
Cystitis Interna	
Hypostasis	
Due to: Cerebral Hemorrhage	
Due to: Cardiac Failure	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Charles J. Talley M.D.
M. D. or other
Address: Havre de Grace Date signed 2/18/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

01668

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

★ Reg. Diat. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Mr Bel Air

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 min

Hospital, institution, or street address where death occurred:

FOUNTAIN GREEN HOSPITAL

How long in hospital or institution? 30 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Bel air Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Baby Sechrist

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Wh	Infant

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 27, 1946

8. AGE:

Years	Months	Days	If less than one day
			22 min.

9. Birthplace: Harford Co. Md (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER — 12. Name: Harry Sechrist

FATHER — 13. Birthplace: Harf Co Md

MOTHER — 14. Maiden name: Virgie Mae Belcher

MOTHER — 15. Birthplace: Virginia

16. Informant: Mrs Virgie Sechrist

Address: Bel air md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/27/46 (month) (day) (year)

Cemetery or crematory: Lewiston - Mem.

Location: Lower Chanceford - Co. Pa

18. Funeral director: The Family.

Address: Bel Air. Md

19. 2/27 1946 (Date received by registrar) Priscilla Forward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 27 1946 at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 27 1946 to Feb 27 1946 and that I last saw h.. alive on Feb 27 1946

Immediate cause of death	DURATION
Premature birth (7 mos fetus)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Willard P Hudson M. D. or other

Address: Forest Hill, Md Date signed 2/27/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (64-C)

CERTIFICATE OF DEATH

01669

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford Co
City or town: Bel Air, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Bel Air, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Curtiss W. Suite

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

8.(b) Name of husband or wife: Kate M. Suite
8.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 1905

8. AGE: Years: 40 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Mouth of Wilson, Va.
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER 12. Name: John Suite
13. Birthplace: Va

MOTHER 14. Maiden name: Cora L. Pilkins
15. Birthplace: Va

16. Informant: John Suite
Address: Bel Air Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feby 20/46 (month) (day) (year)
Cemetery or crematory: Oak Grove
Location: Schuck's Corner

18. Funeral director: Dean & Foster
Address: Bel Air, Md

19. 2/18 (Date rec'd by registrar) 1946 Priscilla Forwood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby 17 19 46, at 1-45 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19
and that I last saw h alive on 19

Immediate cause of death	DURATION
Gunshot wound Left Chest	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: 2/17/46
Where did injury occur? Bel Air (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: Shot self Injured at work? no

23. SIGNATURE: Gerald C Palmer M.D.
Deputy Medical Examiner
Harford County M. D. or other
Address: Bel Air, Md. Date signed: 2/17/46

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

01670

Reg. Dist. No. 185

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 days
Hospital, institution, or street address where death occurred:
Harford Memorial Hospital
How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Perryman
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Maude M. Taylor

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Lawrence M. Taylor
6.(c) If other, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Aug. 14, 1880

8. AGE: Years	Months	Days	If less than one day
65			hrs. min.

9. Birthplace: Baltimore, Md.
(Town, county, and/state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: William R. Lucas
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary A. Morton
15. Birthplace: Maryland

16. Informant: Mrs. Lawrence M. Taylor
Address: Perryman Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 4-1946 (month) (day) (year)
Cemetery or crematory: Presentia
Location: Perryman Md

18. Funeral director: Henry Tarquino Sons
Address: Aberdeen Md

19. March 3 1946 (Date rec'd by registrar) C. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 28 1946, at 4:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 21 1946 to Feb 28 1946 and that I last saw h... alive on Feb 28 1946

Immediate cause of death	DURATION
Carcinoma left Breast	
Due to Dorsal Carcinoma	
Due to Atlas.	
Other conditions Unchanged.	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles J. Foley M.D. M. D. or other
Address: Havre de Grace Date signed: 3/28/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-D)

01671

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:
County Harford
City or town Rural - Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 Mo
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Rural - Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME William Oscar Taylor

3.(b) Social Security Number 166-16-0986

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Married

6.(b) Name of husband or wife Florence Taylor
6.(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Apr. 11, 1896

8. AGE:

Years	Months	Days	If less than one day
49	9	27	hrs. min.

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual occupation Sun Ship Yard
11. Industry or business Chester, Penn.

FATHER
12. Name William Henry Taylor
13. Birthplace Md.

MOTHER
14. Maiden name Georgia Warfield
15. Birthplace Md.

16. Informant Mrs. Emmma L. Royster
Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal? Which?) Date thereof Feb. 10 1946 (month) (day) (year)
Cemetery or crematory Gravel Hill
Location Harford Co. Md.

18. Funeral director R. Madison Mitchell
Address Havre de Grace, Md.

19. Feb. 9 19 46 (Date rec'd by registrar) A. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 19 46 at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 7 46 to Feb. 7 19 46 and that I last saw him alive on Feb. 7 19 46

Immediate cause of death	DURATION
Coronary Thrombosis	2-7-46
Due to	
Due to Chronic myocarditis	1-1 42
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Claude L. Cowan M.D.
M. D. or other
Address Havre de Grace Date signed 2-12-46

RECEIVED
FEB 12 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 0167282

1. PLACE OF DEATH:
County: Harford
City or town: EMMorton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 23 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: EMMorton (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Martin G Wilson WILSON

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Vernal Wilson
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 10 1882

8. AGE: Years	Months	Days	If less than one day
63			..... hrs. ..... min.

9. Birthplace: Md (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: John Wilson
13. Birthplace: NC

MOTHER
14. Maiden name: Emiline Cox
15. Birthplace: NC

16. Informant: Ray J Wilson
Address: Bel Air, Md Rural #87

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feby 16 46 (month) (day) (year)
Cemetery or crematory: Mt Zion
Location: Fountain Green, Harford Co.,
16. Funeral director: Deaver Forwood
Address: Bel Air Md

19. 2/14 1946 (Date rec'd by registrar) Priscilla Forwood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 13 1946, at 3:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31 1946 to Feb 13 1946 and that I last saw h... alive on Feb 12 1946

Immediate cause of death	DURATION
Chr Myocardial Disease	10 Yrs.
Chr Interstitial Nephritis	
Due to: With hypertension	2 Yrs.
Due to:	
Other conditions: Chr Bronchial Asthma	5 Yrs

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Willard P. Hedson M. D. or other
Address: Forest Hill, Md Date signed: 2/13/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15